

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00504530	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; width: 100%;"> <div><input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/></div> </div>	

Full Name of Payee <b>Whatman Associates</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"><div><input type="text" value="10"/></div><div><input type="text" value="01"/></div><div><input type="text" value="2016"/></div></div>	
Mailing Address <b>6650 Stoffer Rd.</b>		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">301550.00</div>	
City <b>Bellville</b>	State <b>OH</b>	Zip Code <b>44813</b>	Transaction ID : <b>001</b>
Purpose of Expenditure <b>Canvassing</b>	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"><div><input type="text" value="09"/></div><div><input type="text" value="26"/></div><div><input type="text" value="2016"/></div></div>	
Name of Federal Candidate <b>Teachout, Zephyr, , ,</b>		Office Sought: <input checked="" type="checkbox"/> House District: <b>19</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NY</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1447060.65</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"><div><input type="text"/></div><div><input type="text"/></div><div><input type="text"/></div></div>	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
City	State	Zip Code	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"><div><input type="text"/></div><div><input type="text"/></div><div><input type="text"/></div></div>
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"></div>		
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">301550.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">301550.00</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

[Electronically Filed]

Date

Signature